Annex 5. Ebola or Marburg case investigation and recording sheet

| Date of case detection Case reported by (tick the be | Contraction of the Contraction o | | | |
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| | | an at the | | |
| Mobile team, n° | Other: | | | |
| Form filled in by (last and fir | | 10000 | internet second | 0.7 |
| Information passed on by (la | | | | |
| Relationship with the patien | | | | |
| Relationship with the patient | | | | |
| Patient identity | | | | |
| | Second Names | | | |
| Son/daughter of (name of fa | ather/mother) | | | |
| | _ age (years) S | | | |
| Ordinary residence: Hea | ad of household (last and first | name) | | |
| | age/neighbourhood of residen | | | |
| | e: Latitude | | | |
| Nationality: | Ethnic gro | up: | | - 241 - 242 - 262 - 262 - 262 - 262 - 262 - 262 - 262 - 262 - 262 - 262 - 262 - 262 - 262 - 262 - 262 - 262 - 2 |
| Patient's profession (tick the | e appropriate box and provide | details if ne | essary) | |
| | ker Child Hunter | | | |
| | fy: health-care facility | | | n |
| | rospector | | | |
| E minetroriter, cold pr | | Starting | date of | ining occurry. |
| Runil/Student Other (sp | ecify) | | | |
| | | | | |
| | | | | |
| Patient's condition | | | | |
| Patient's condition | on found | | d | |
| Condition of the patient whe | en found | Alive Dea | ad | |
| Condition of the patient who If deceased, date of death | | | | + |
| Condition of the patient whe If deceased, date of death Place of death: Communi | // ity, village/neighbourhood | | Distric | 2500 |
| Condition of the patient whe If deceased, date of death Place of death: | // ity, village/neighbourhood name and department | | Distric | ict |
| Condition of the patient whe If deceased, date of death Place of death: | // ity, village/neighbourhood | | Distric | ict |
| Condition of the patient whe If deceased, date of death Place of death: | // ity, village/neighbourhood name and department | | Distric | ict |
| Condition of the patient whe If deceased, date of death Place of death: | / ity, village/neighbourhood name and department e/neighbourhood | | Distric Distri Distri | ict ct |
| Condition of the patient whe If deceased, date of death Place of death: | / ity, village/neighbourhood name and department e/neighbourhood | | Distric Distri Distri | ict ct |
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| Condition of the patient whe If deceased, date of death Place of death: | / ity, village/neighbourhood name and department e/neighbourhood che patient became ill ind since he/she became ill? I lete the list indicating villages | /] Yes ;, health-care | Distric Distri District District No facilities, and | ict ct DK d districts: |
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| Condition of the patient whe If deceased, date of death Place of death: | ity, village/neighbourhood name and department e/neighbourhood the patient became ill und since he/she became ill? I lete the list indicating villages Health-care facility | /] Yes ;, health-care | District District District No facilities, and District | ict ct DK d districts: |
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Ebola and Marburg virus disease epidemics: preparedness, alert, control and evaluation

| ٠ | diarrhoea | □ Yes | D No | DDK |
|---|--|-------|------|-----|
| | stomach pain | 🗆 Yes | □ No | DK |
| • | vomiting | 🗆 Yes | D No | DK |
| | lethargy | 🗆 Yes | D No | DK |
| • | anorexia | □ Yes | D No | DK |
| | muscular pain | □ Yes | D No | DK |
| | difficulty swallowing | □ Yes | D No | DK |
| • | difficulty breathing | □ Yes | D No | DK |
| • | intense coughing | □ Yes | D No | DK |
| • | skin rash | □ Yes | □ No | DK |
| | bleeding at injection points | □ Yes | □ No | DK |
| | bleeding gums (Gingivitis) | □ Yes | D No | DK |
| • | bleeding in eye (conjunctival injection) | □ Yes | D No | DK |
| | dark or bloody stool (melaena) | □ Yes | D No | DK |
| • | vomiting of blood (haematemesis) | 🗆 Yes | D No | DK |
| | nose bleed (epistaxis) | □ Yes | D No | DK |
| ٠ | vaginal bleeding outside of menstruation | □ Yes | □ No | DK |
| | | | | |

Exposure risk

| · Has the patient been in contact with a suspecte | d or confirmed case in the 3 weeks p | recedi | ng the |
|--|--------------------------------------|--------|--------|
| onset of the symptoms? | 🗆 Yes 🛛 No | | DK |
| If so, specify: Last name | First name | | |
| At the time of contact, was the suspected case 🗆 ali | ve or dead? If dead, date of death | 1_ | 1_ |
| Date of last contact with the case// | | | |

| ٠ | Was the patient hospitalized of | or has he/she | visited a | hospital | nearby | in th | e 3 | week | s pre | ceding | the |
|------|---------------------------------|---------------|-----------|----------|--------|-------|-----|------|-------|--------|-----|
| | onset of the symptoms? | □ Yes | □No | DK | | | | | | | |
| If s | o where | | when (| dates) | 1 | 1 | | 1 | 1 | | |

Has the patient seen a traditional healer in the 3 weeks preceding the onset of the symptoms?

| | Li Yes | LINO | LIDK | | | |
|--|-----------------|------|----------|---|----|---|
| If so, last name: | Village | | District | | | _ |
| Where and when did the consultation tal | ke place? Place | | Date: | | 1_ | _ |
| Has the patient received traditional treat | ment? 	Yes | D No | DK | | | |
| If so, specify the type of traditional treatment | ment: | | | - | | |

| • | Has the patient had | contact with | any wild | animals | in the | 3 weeks | precedi | ng ti | he onset of | f the |
|------|---------------------|--------------|----------|---------|--------|---------|---------|-------|-------------|-------|
| | symptoms? | □ Yes | | D No | | DK | | | | |
| If s | o, kind of animal | | Loca | lity | | | Date | 1 | 1 | |

Has the patient worked or spent time in a mine/cave inhabited by bat colonies in the 3 weeks
preceding the onset of the symptoms?

| Contractor and a second | CONTRACTOR OF STREET | 10 10 10 10 10 10 10 10 10 10 10 10 10 1 | | | |
|-------------------------|----------------------|--|----------|----------|--|
| If so, name | of the mine | | Locality | Date / / | |

Has the patient travelled in the 3 weeks preceding the onset of the symptoms?

| □ Yes | D No | DK |
|-------|------|----|
| | L | |

D No

□ Yes

Ebola or Marburg case investigation and recording sheet. In: Ebola and Marburg virus disease epidemics: preparedness, alert, control and evaluation. Geneva: World Health Organization; 2014: Annex 5 (WHO/HSE/PED/CED/2014.05;https://apps.who.int/iris/bitstream/handle/10665/130160/WHO_HSE_PED_CED_2014.05_eng.pdf)

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| consent to un | le conecu | on or spe | | | | DK | | | |
| | | | Lites | | | LUK | | | |
| Did you c | ollect spe | ecimens? | □ Yes | | | | | | |
| If so, when _ | | | Type of specin | nen?□B | lood | | e □ Sali | iva 🗆 Bi | iopsy 🗆 |
| Transfer of th | | | | | | | | | |
| To be comple | ted ONLY | y by mobil | le teams and h | ealth cen | C | | | | |
| | | | al? 🗆 Yes | | □ No | | | 18 | |
| If so, name of | f hospital | | 0-10 - 11 | | _ Date o | of transpo | ort | _/_ | / |
| Updated info | ormation | provided | from the isola | tion unit | | 0.0000 | CS 553265 | | 0.0000000000 |
| | | C | ospital OR the | | | 2 | | | |
| | | | | | | - | | | |
| | | | solation area? | | | □ No | | | |
| If so, name of | f hospital | <u> </u> | | and the | Date o | f hospita | lization | _/_ | 1 |
| en an | | | | | | 2211 | | | |
| Family memo | per(s) acc | ompanyin | ig the patient, | last and f | irst nam | ne | 5313555 7 | | |
| Date of disch | arge | | 11 | | OR | | Date of | death_ | 11 |
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| Laboratory d The specimer Date taken | n tested v | _/ □ Blood | Date result re d sample using | ceived | | □ Blood □ Stool | Lab ID_ d using a | nticoagu | |
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